



CITY OF EL PASO
PARKS AND RECREATION AQUATICS DIVISION
PARTICIPANT REGISTRATION FORM AND RECEIPT

RECEIPT NO. _____

SESSION DATE: _____ CLASS TIME: _____

STUDENT NAME _____

ADDRESS _____

PHONE _____

AGE _____

FOR INSTRUCTOR'S USE ONLY:

LTS NUMBER	1	2	3	4	5	6	7	8	FINAL CORRAL NO.
ATTENDANCE									
CORRAL NO.									

IN CASE OF EMERGENCY



NAME: _____

ADDRESS: _____

PH: _____

STATE ANY HEALTH PROBLEMS: _____

ACTIVITY:

LTS

H20A

TEAM

OTHER: _____

DATE: _____

20 _____

PREMIUM _____

NO REFUNDS - NO CLASS MAKE - UPS AFTER THE FIRST LESSON

BY: _____

\$5.00 SERVICE FEE FOR ALL REFUNDS